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U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

**MEDICAL EXAMINER'S CERTIFICATE**  
(for Commercial Driver Medical Certification)

**CMV DRIVER CERTIFICATION**I certify that I have examined (last name) SANCTIONS (first name) William in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply)

- ☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type): ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and accurate, and I have completed the Medical Examination Report Form, MCSA-5875, with any attachments, embossed my findings completely and correctly, and is in file in my office.

Medical Examiner's Certificate Expiration Date

06/21/2022**MEDICAL EXAMINER INFORMATION**

Medical Examiner's Signature

Dr. Fritz J. Philippe  
2500 Hollywood Blvd, Ste 201  
Hollywood FL 33020LIC # GH11400 DC

Medical Examiner's Name (please print or type)

DR Fritz J Philippe

Medical Examiner's State License, Certificate, or Registration Number

GH11400 DC

Medical Examiner's Telephone Number

504-288-8778

Date Certificate Signed

06/21/2022

- ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
- ☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

FL

National Registry Number

1638823056**CMV DRIVER INFORMATION**

Driver's Signature

[Signature]

Driver's License Number

S523-932-84-249-018

Issuing State/Province

FL

Driver's Address

Street Address: 2709 NW 12<sup>th</sup> CT City: FT LauderdaleState/Province: FLZip Code: 33311

CLP/CDL Applicant/Holder

☒ Yes ☐ No

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## Search Medical Examiners

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Miles

National Registry Number

Business Name

1638823056

First Name

Last Name


Basic Search

Search

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 **Dr. Fritz Philippe (Doctor Of Chiropractic)**

 **Body Of Light Wellness Center**

2500 Hollywood blvd 201 Hollywood, FL 33020

 (754) 816-5976

 N/A [Directions](#)

Hollywood Blvd

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